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Statement of Congresswoman Carolyn B. Maloney  
before the Cares Commission  
September 17, 2003

I am pleased to offer my comments regarding the CARES Commission proposal to consider eliminating acute care at the VA Hospital in Manhattan (also known as the New York Harbor HCS-NY Division)(hereafter, the "Manhattan VA Hospital") and shifting outpatient care to other facilities. It would be worse than foolish, it would be catastrophic to the health of veterans, if the VA were to try to move either acute care or tertiary care patients from the 23<sup>rd</sup> Street location. The Commission's suggestion ignores the logistical factors that contribute to the extraordinary quality of care veterans receive at the Manhattan VA Hospital and underestimates the severe transportation problems that veterans would face if they had to seek care at other locations.

I released a letter yesterday signed by other New York elected officials, objecting to any efforts to reduce service at the Manhattan VA Hospital. I am submitting a copy of the letter with this testimony and ask that it be made a part of the record. The veterans in our districts are energized and angry about the possibility of losing access to health care. As elected officials, we feel obligated to communicate their concerns to the Veterans Administration.

Located in the heart of my district, the Manhattan VA Hospital is perfectly situated to be able to draw on the remarkable expertise of the hospitals and physicians that surround it. The

hospital has been designated a center of excellence in six tertiary care specialties -- cardiac surgery, neurosurgery, cardiac-vascular surgery, comprehensive rehabilitation services, HIV/AIDS care and dialysis. Further, the Manhattan VA Hospital offers other specialty programs that are renowned for quality and innovation, including programs relating to treatment of amputees. The Prosthetic and Orthotic Lab is the only laboratory in the region authorized to fabricate definitive artificial limbs.

With more than 1.3 million veterans in the New York Metropolitan region, and 100,000 veterans waiting six months for appointments at VA medical facilities nationwide, it makes no sense to transfer patients from the Manhattan VA Hospital. In the near term, demand for the hospital is projected to continue to grow. I understand that by 2012, the NYHHCS as a whole is projected to have a shortfall of 17 acute care beds. Given the excellence of the medical care at the Manhattan VA Hospital, it is hard to understand why the VA should consider closing or transferring patients from this facility in favor of those in Brooklyn, the Bronx or East Orange. Even the President's own Task Force to Improve Health Care Delivery for Our Nation's Veterans acknowledged the problem, stating that "there is persistent concern about the inability of VA to provide care to enrolled veterans..."

Situated in the corridor of Manhattan known as bedpan alley, the Manhattan VA Hospital is truly a crown jewel in the VA Hospital system. Because of its proximity to NYU Medical Center and Bellevue Hospital Center, the Manhattan VA Hospital has been able to enter into affiliation agreements, whereby doctors with those two hospitals treat patients at the Manhattan VA Hospital. In large part, as a result of these affiliations, the Manhattan VA Hospital has been able to provide an outstanding quality of care to veterans.

Unfortunately, there is every reason to believe that VISN 3 would not be able to replicate the high quality of care offered by the Manhattan VA Hospital. Many of the hospital's excellent programs are supported by the relationships it has with its affiliates. I understand that few of the doctors from NYU Medical Center and Bellevue would be willing to make the trip to Brooklyn. Their practices are located in Manhattan. Their hospitals are located in Manhattan. While it is easy to visit patients that are essentially down the street in Manhattan<sup>1</sup>, I understand that few physicians would be willing to make the lengthy trip to Brooklyn.

The Manhattan VA Hospital is located near where the veterans live and, unlike some other locations, is extremely convenient for those veterans who live at a greater distance and need to use its services. The Hospital serves veterans from throughout the New York Metropolitan Area, including parts of New Jersey, Pennsylvania and upstate New York. For example, in 2002 more than 50 patients came from New Jersey and Long Island for neurosurgery, and nearly 200 came for cardiac catheterization from those communities. Veterans choose to come to this facility, because it is easily accessible by mass transit and offers some of the best physicians in the nation. The Borough President of Staten Island testified at the New York City Council yesterday that 11,000 outpatient visits at the Manhattan VA Hospital were completed by Staten Island veterans last year because of the facility's access to public transportation.

To understand the problem, it is important to understand the way in which New Yorkers travel around the city. New York City has the lowest level of car ownership of any region in the nation. The 2000 Census found that 54% of city residents do not own cars. Manhattan has the

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<sup>1</sup>NYU Medical Center is on First Avenue and 31<sup>st</sup>. Bellevue Hospital Center is at First Avenue and 27<sup>th</sup> Street.

fewest cars with only 22% of households owning cars. Bronx and Brooklyn follow with only 40% and 46%, respectively, of households owning cars. Only in Staten Island and Queens do a majority of households own cars, and even there substantial minorities do not. The location of the Manhattan facility is important – it is near several subway and bus lines, and is easy for non-car owning veterans to reach. By contrast the Brooklyn facility is located two miles from the nearest subway station. To get there by mass transit from Manhattan, a veteran would have to take a subway and a bus, a trip of considerably longer than an hour. Even by car, the trip would be more than an hour. The problem is particularly acute for disabled veterans who have a difficult time in getting around the city.

Please note that there is conflicting information about the CARES Commission's proposal for transferring patients. The power point presentation indicates that a decision was made not to combine NYHHCS (NY Division) and East Orange acute care services due to differing missions and the impact of local transportation patterns. However, in the full report the CARES Commission recommends shifting joint and vascular surgery from Manhattan to East Orange. For veterans who would have a hard time reaching Brooklyn by mass transit, East Orange is out of the question, requiring travelling by subway to a train and from the train a bus or taxi. Transportation costs would also be significantly higher, placing an insurmountable burden on impoverished veterans.

The ability to provide quality acute care services for inpatients and specialty care services for outpatients is closely linked to the strength of the academic affiliations VISN 3 has made. The academic institution must see a benefit in preserving the affiliation. Since SUNY-Downstate is already serving Brooklyn, NYU School of Medicine would see no benefit to their students in

maintaining a relationship with the VA system if their students have no training opportunities. Currently, at any given time, there are 125 NYU medical students doing a rotation at the Manhattan VA Hospital. Every NYU medical student is required to do at least one rotation at the Manhattan VA Hospital. In addition, roughly 250 NYU Medical Center-affiliated doctors provide medical treatment at the Manhattan VA Hospital. I understand that few of these highly specialized physicians, with thriving Manhattan practices and classes to teach at the medical school, would be able to travel to Brooklyn.

A number of people have pointed out that the CARES Commission is not explicitly stating that the Manhattan VA Hospital will be closed. True. On the other hand, if you transfer out all the inpatients, shift many of the outpatients to other facilities and move the rest to another location, you really have closed the hospital. Veterans living in the New York Metropolitan area will no longer have access to high quality, full service medical care in a convenient location in Manhattan.

With deadly confrontations still going on in Iraq and Afghanistan, it is hard to understand why the Veterans Administration would be cutting access to medical services for veterans. The Manhattan VA Hospital has already begun to treat soldiers who were wounded in the confrontation in Iraq. Clearly, the soldiers were sent to the Manhattan VA Hospital because its talented and caring medical staff have the experience to address their medical needs.

I am particularly concerned about the possibility that the VA may be considering closing this hospital because of an interest in the value of the underlying real estate. Health care of veterans living in my community should be the VA's primary concern, not real estate sales. To deny medical care to veterans who have served this country in order to make a profit is short-

sighted, crass, and not in keeping with the VA's primary mission. Our nation made a commitment to provide high quality care to veterans who bravely served our country. Shifting care from the Manhattan VA Hospital would seriously undermine health care for veterans in this region. Accordingly, I am unalterably opposed to any plans to transfer acute or tertiary care from the Manhattan VA Hospital on 23<sup>rd</sup> Street.